

CONSENT FOR ACCESS TO RECORDS

Virginia Military Survivors & Dependents Education Program

Name (Last, First, Middle Initial):	DOB
IMPORTANT: You are not obliged to grant anyone access to information regarding you.	

SECTION A: Information to be released (check all that apply):			
<input type="checkbox"/> Application Information (status, name and/or address changes)			
<input type="checkbox"/> Benefits Information (registration, enrollment status, stipend)			
SECTION B: Person(s) to whom access to education records may be provided:			
I hereby authorize the Department of Veterans Services/VMSDEP to release information checked in section A to the following individuals:			
Name (Last, First)	Telephone Number	Address	Relationship
Name (Last, First)	Telephone Number	Address	Relationship
SECTION C: Rights granted (check one):			
<input type="checkbox"/> I grant permission for the person(s) listed in section B to make changes to my application (name and address changes, enrollment changes, etc.)			
<input type="checkbox"/> I do not grant permission for the person(s) listed in section B to make changes to my application (name and address changes, enrollment changes, etc.)			
SECTION D: Duration of release (check one):			
<input type="checkbox"/> One-time Use: This authorization can be used only once.			
<input type="checkbox"/> Limited Use: This authorization is valid from date of signing below until: _____			
<input type="checkbox"/> Ongoing until written notice is given to VMSDEP to terminate.			
SECTION E: Purpose of release (check all that apply):			
<input type="checkbox"/> VMSDEP Program eligibility			
<input type="checkbox"/> Managing benefits			
<input type="checkbox"/> Other (please specify)			
I understand that I have the right not to consent to the release of my records/information, and I have the right to revoke this consent at any time by delivering a written revocation to the VMSDEP office.			

Printed Name: _____ Date: _____

Signature: _____

Instructions for completing this form:

1. The form must be fully completed and signed by the applicant. Records cannot be released if any section of this form is not filled out entirely.
2. Completed forms should be submitted by mail to the Department Veterans Services/VMSDEP, James Monroe Building, 101 N. 14th Street, FL 17, Richmond, Virginia 23219, or emailed to VMSDEP vmsdep@dvs.virginia.gov or faxed to VMSDEP at 804-786-0809. Questions about this form may be directed to the VMSDEP office at (804) 225-2083.

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.